

APPLICATION ENHANCED STAR

School Tax Relief Program
For the 2013/2014 Property Tax Year
(December 2013 - November 2014)

FOR OFFICE USE ONLY:			
	NEW	<input type="checkbox"/>	
PB 2/29/2020	<input type="checkbox"/>	PE IVP	<input type="checkbox"/>
PE TRAD	<input type="checkbox"/>	P467	<input type="checkbox"/>

Name and tax billing address of owner(s)

Legal address of owner(s)

LOCATION OF PROPERTY

Street Address

School District

Post Office

Daytime Telephone Number(s)

Property tax map number:

Income Verification Program (IVP) YOU MUST FILE N.Y.S INCOME TAX RETURN TO PARTICIPATE

I authorize the NY State Department Of Taxation and Finance to verify my income taxes annually beginning in 2014.

Social Security # _____	Social Security # _____
Owner	Spouse
_____	_____
Signature	Signature

Age and Income requirements for ENHANCED STAR (circle YES or NO):

1. Are all owners at least 65 years of age as of December 31, 2013, or if the property is owned by a husband, wife or siblings, is one spouse or one sibling at least 65 years of age as of December 31, 2013? **YES** **NO**

2. Is the total annual income of all owners and any owners' spouses or in the case of sibling co-owners residing on the property \$79,050 or less? (See definition of income for ENHANCED STAR purposes on Instruction Sheet): **YES** **NO**

If the answer to both question 1 and 2 is yes, all owners, including non- resident owners, must attach the 2011 Federal or State Income Tax return- both front and signed back page. (Tax schedules and tax form attachments are not required)

Caution: Anyone who misrepresents his or her primary residence, age or income may be subject to a \$100 penalty, may be prohibited from receiving the STAR exemption for five years, and may be subject to criminal prosecution.

I (we) certify that all the above information is correct and that the property listed above is owned by and is my (our) primary residence.
I (we) understand it is my (our) obligation to notify the assessor if (we) relocate to another primary residence and to provide any documentation of eligibility that is requested.

Sign and date

_____ date

_____ date

REQUEST FOR MAILING OF NOTICE TO A THIRD PARTY REGARDING ENHANCED STAR EXEMPTION

INSTRUCTIONS: A senior citizen eligible for the *ENHANCED STAR* exemption may use this form to request that a notice be sent to an adult third party to assist the senior citizen fulfill the eligibility requirements regarding *ENHANCED STAR*.

This form must be submitted to the ASSESSORS OFFICE no later than March 1, 2013

THIS SECTION TO BE COMPLETED BY RECIPIENT OF ENHANCED STAR EXEMPTION

1. _____
Your Name
2. _____
Mailing Address

City State Zip Code
3. _____
TAX MAP #

I request that a notice be mailed to the person whom I have designated below. In making this request I understand that no state or local government employee has any liability for any reason the notice is not mailed to or not received by my designee.

4. _____
Signature Date

THIS SECTION TO BE COMPLETED BY THIRD PARTY

1. _____
Third Party Name
2. _____
Mailing Address

City State Zip Code
3. _____
Day Telephone No.

I consent to the designation provided by this form.

4. _____
Third Party Signature Date